

**Alabama Medicaid Agency  
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday May 9, 2012  
Preferred Drug List Final**

**AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIFUNGAL AGENTS**

**Subclasses Reviewed**

Antifungal: Allylamines  
Antifungal: Azoles  
Antifungal: Echinocandins  
Antifungal: Polyenes  
Antifungal: Pyrimidines  
Antifungal: Antifungals, Miscellaneous

**AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIMYCOBACTERIAL AGENTS**

**Subclasses Reviewed**

Antimycobacterial: Antituberculosis Agents  
Antimycobacterial: Antimycobacterials, Miscellaneous

**AHFS Drug Class Reviewed/Re-reviewed: ANTI-INFECTIVE ANTIVIRAL AGENTS**

**Subclasses Reviewed**

Antiviral: Adamantanes  
Antiviral: Interferons  
Antiviral: Neuraminidase Inhibitors  
Antiviral: Nucleosides and Nucleotides  
Antiviral: HCV Protease Inhibitors  
Antiviral: Antivirals, Miscellaneous

**AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIPROTOZOAL AGENTS**

**Subclasses Reviewed**

Antiprotozoal: Amebicides  
Antiprotozoal: Antimalarials  
Antiprotozoal: Antiprotozoals, Miscellaneous

**AHFS Drug Class Re-reviewed: ANTI-INFECTIVE URINARY ANTI-INFECTIVE AGENTS**

## Allylamines

PREFERRED  
GENERIC/OTC

All covered products

PREFERRED  
BRAND

NONE

NON-PREFERRED  
BRAND  
or PA GENERIC

LAMISIL\*

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Azoles

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

DIFLUCAN\*  
NOXAFIL  
SPORANOX\*  
VFEND\*

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Echinocandins

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

CANCIDAS  
ERAXIS  
MYCAMINE

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Polyenes

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

ABELCET  
AMBISOME  
AMPHOTEC

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Pyrimidines

PREFERRED  
GENERIC/OTC

All covered products

PREFERRED  
BRAND

NONE

NON-PREFERRED  
BRAND  
or PA GENERIC

ANCOBON\*

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Antifungals, Miscellaneous

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

GRIS-PEG

### NON-PREFERRED BRAND or PA GENERIC

GRIFULVIN V

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Antituberculosis Agents

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	NONE	CAPASTAT SULFATE MYAMBUTOL* MYCOBUTIN PASER PRIFTIN RIFADIN* RIFAMATE* RIFATER SEROMYCIN TRECATOR

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted



## Antimycobacterials, Miscellaneous

PREFERRED  
GENERIC/OTC

All covered products

PREFERRED  
BRAND

NONE

NON-PREFERRED  
BRAND  
or PA GENERIC

NONE

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Adamantanes

PREFERRED  
GENERIC/OTC

All covered products

PREFERRED  
BRAND

NONE

NON-PREFERRED  
BRAND  
or PA GENERIC

NONE

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Interferons

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

INFERGEN  
PEGASYS  
PEGINTRON

### NON-PREFERRED BRAND or PA GENERIC

ALFERON N  
INTRON A

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Neuraminidase Inhibitors

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

RELENZA<sup>†</sup>  
TAMIFLU<sup>†</sup>

### NON-PREFERRED BRAND or PA GENERIC

NONE

\*Denotes generic available in at least one dosage form or strength

<sup>†</sup>The preferred status is contingent upon statewide influenza epidemiology status as reported by the CDC  
Drug name denotes all dosage forms and strengths unless noted

# Nucleosides and Nucleotides

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	NONE	BARACLUDE COPEGUS* CYTOVENE* FAMVIR* HEPSERA REBETOL* TYZEKA VALCYTE VALTREX* VIRAZOLE VISTIDE ZOVIRAX*

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## HCV Protease Inhibitors

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	NONE	INCIVEK VICTRELIS

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Antivirals, Miscellaneous

PREFERRED  
GENERIC/OTC

All covered products

PREFERRED  
BRAND

NONE

NON-PREFERRED  
BRAND  
or PA GENERIC

NONE

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Amebicides

PREFERRED  
GENERIC/OTC

All covered products

PREFERRED  
BRAND

NONE

NON-PREFERRED  
BRAND  
or PA GENERIC

NONE

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted



## Antimalarials

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

DARAPRIM

### NON-PREFERRED BRAND or PA GENERIC

ARALEN\*  
COARTEM  
MALARONE\*  
PLAQUENIL\*  
QUALAQUIN

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Antiprotozoals, Miscellaneous

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	NONE	ALINIA FLAGYL* FLAGYL ER MEPRON NEBUPENT PENTAM 300 TINDAMAX

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Urinary Anti-infectives

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	NONE	FURADANTIN* HIPREX* MACROBID* MACRODANTIN* MONUROL PRIMSOL URELLE URIN D.S.* UROQID-ACID NO.2 UTA UTIRA C*

\*Denotes generic available in at least one dosage form or strength  
 Drug name denotes all dosage forms and strengths unless noted